# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr Cortne	FIRST <b>y</b>	MI C		USE ONLY
NAME				Date Received	
	Niland			7/15/2015	1:00:23 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU 4545 Honey Willow		STATE; ZIP CODE	Date Hand-delivered	or Postmarked
change of address				Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE (915 ) 249-0	NUMBER 6001	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	Mr Luis	FIRST	MI	Date Imaged	
	Gaso	ca			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 542 Meadow Willow		CITY; STATE; TX 79922	ZIP CODE	
8 CAMPAIGN TREASURER PHONE		NUMBER 5574	EXTENSION		
9 REPORT TYPE	January 15 3	Oth day before election	Runoff	15th day after treasurer appo	pintment
	<b>∠</b> July 15 8	th day before election	Exceeded \$500 limit		tach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04/30/2015	THROUGH	Month Day 06/30/2015	Year 5	
11 ELECTION	Month Day Year 05/09/2015	ELECTION TYPE Primary	Runoff V	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)	
	City Council Distric	t 8			
		GO TO PAG	 BE 2		

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 ACCOUN	T # (Ethics Commission Filers)
Mrs Cortney C N	iland				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITE	IONS ACCEPTED OR POLITICAL EXPENDITURES M.  URES MAY HAVE BEEN MADE WITHOUT THE CAN  REQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OF	FICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN	TREASURER NAME		
additional pages					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			ITIONS OF \$50 OR LESS (OTHER THA ANTEES OF LOANS), UNLESS ITEMIZ	1 U	50
		POLITICAL CONTR	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$	8925
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITU	JRES OF \$100 OR LESS, UNLESS ITE	MIZED \$	640.18
	4. TOTAL	POLITICAL EXPEN	DITURES	\$	20.458.13
CONTRIBUTION BALANCE		OLITICAL CONTRIBUT ORTING PERIOD	TIONS MAINTAINED AS OF THE LAST	DAY \$	1933.85
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT O AY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS OF G PERIOD	THE \$	
18 AFFIDAVIT				·	
			I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code.	II information	
			*** Electror	nically Certifie	d ***
			Signature of Car	ndidate or Offi	ceholder
AFFIX MOTARY OTAMA	AD / OF AL ADOVE				
Sworn to and sub		me by the said	Cortney C Niland		, this the
		4 =	_ , to certify which, witness	my hand a	<del></del>
	Jo	ohn Glendon			
Signature of officer adm			of officer administering oath	Title of	officer administering oath
J.g. a.a. o or omoor dum				7100 011	

Revised 09/28/2011 www.ethics.state.tx.us

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/30/2015	6 Contributor address; City; State; Zip Code 29 S. Trevino, Santa Teresa, NM 88	8008	100	  -  -
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:  James Maxfield	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2015 Contributor address; City; State; Zip Code 940 W. Borderland, El Paso, TX 7993		932	100	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		roxac, complete concado 17
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2015	Contributor address; City; State; Zip Code 5555 Westside Dr, El Paso, TX 799	032	1000	 
	,,			 
Dringing Logger	potion / Joh title (Coe Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:  John Paben	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2015	Contributor address; City; State; Zip Code 6404 La Posta, El Paso, TX 79912		100	
			(If travel outside (	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	Trexas, complete concodic 1)
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
05/01/2015	Arlene E. Carroll  Contributor address; City; State; Zip Code 640 Willow Glen, El Paso, TX 7992		contribution (\$)	description (if applicable)
			(If two 1	of Toyon, complete Calculation TV
Principal occur	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
		, 1,11 (100)		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#: Charlie Mcnabb	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/04/2015	6 Contributor address; City; State; Zip Code 5105 Thornton, El Paso, TX 79932		250	  - 		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		(If travel outside of Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID#: Bradley Roe		Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/04/2015	Contributor address; City; State; Zip Code  333 Barbaree St, El Paso, TX 79912		100	 		
			(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/05/2015	Contributor address; City; State; Zip Code 804 Corey Creek, El Paso, TX 7991	12	500			
			(16 4====================================	of Tours assessed to Coloradula T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date	Full name of contributor  uut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/05/2015	Contributor address; City; State; Zip Code 705 Texas Ave. El Paso TX 79901		250	 		
			(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor  out-of-state PAC (ID#: Sergio & Rosa Guerrero	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/05/2015	Contributor address; City; State; Zip Code 3815 Savannah, El Paso, TX 79930		100	 		
		_ , ,-	•	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Robert & Mary Skipworth		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/06/2015	6 Contributor address; City; State; Zip Code 700 Coeur Dalene Cir, El Paso, TX	79922	250	   		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		(If travel outside of Texas, complete Schedule T)		
Date	Full name of contributor  ut-of-state PAC (ID#:_  Myrna Deckert  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/08/2015	4276 Canterbury, El Paso, TX 7990	•		   		
			(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor  uut-of-state PAC (ID#:_  Joe & Shirley Rosales	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/08/2015	Contributor address; City; State; Zip Code 10205 Buckwood, El Paso, TX 7992	25	1000	 		
			(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor  uut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/08/2015	Contributor address; City; State; Zip Code 4939 Meadowlark Dr, El Paso, TX 7	79922	1000	 		
				of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor  uut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/11/2015	Contributor address; City; State; Zip Code 6040 Los Siglos, El Paso, TX 79912		100	 		
Deingiani	postion / Joh title (Coe Instructions)	Emple : (O	•	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	ristructions)			

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	)	<b>7</b> Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/12/2015	Ozan Sozer  6 Contributor address; City; State; Zip Code  651 S. Mesa Hills Dr, El Paso, TX 7	9912	2000	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#: Michael N. Wieland	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2015	Contributor address; City; State; Zip Code 5823 N. Mesa St. # 943, El Paso, T	X 79912	100	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2015	Contributor address; City; State; Zip Code  116 Camino Penasco, El Paso, TX	79912	100	'   
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Jose & Alejandra Alvarez		contribution (\$)	description (if applicable)
05/12/2015	Contributor address; City; State; Zip Code 6033 Strahan Rd, El Paso, TX 79932		200	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		riokas, sampioto conceano 1/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/24/2015	P.J. Shea  Contributor address; City; State; Zip Code  3 Waterway Square PLC, Ste 110, 7 Woodlands, TX 77380	- he	75	 
B		· · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Gregory Thibodeaux	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/24/2015	6 Contributor address; City; State; Zip Code 10203 Clubhouse Circle, Magnolia,	TX 77354	75	  - 		
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)			,	(If travel outside of Texas, complete Schedule T)		
Date	Full name of contributor  out-of-state PAC (ID#:  Steven Bouck  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10001 Woodloch Forest Dr, Ste 400, t Woodlands, TX 77380		, the	75	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/24/2015	Contributor address; City; State; Zip Code 147 E. Bracebridge Cir, the Woodlar 77382	nds, TX	75	 		
Principal occup	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/24/2015	Contributor address; City; State; Zip Code 42 Pine Brook Ct, Shenandoah, TX 77381		75			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID#: Mary Anne Whitney		Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/24/2015	Contributor address; City; State; Zip Code 26 E. Bay Blvd, The Woodlands, TX	77380	150	i 		
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)		

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	James M. Little	,	contribution (\$)	description (if applicable)
06/24/2015	6 Contributor address; City; State; Zip Code		75	
	10250 Clubhouse Circle, Magnolia,	TX 77354		 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	D.W. Chambliss		contribution (\$)	description (if applicable)
06/04/2015	Contributor address; City; State; Zip Code		75	
06/24/2015	18 Greyton Ln, Houston, TX 77024		75	
	To Greyton En, Houston, 17. 11024			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Talina & John Fields		contribution (\$)	description (if applicable)
00/04/0045	Contributor address; City; State; Zip Code 6385 Franklin Trail Dr, El Paso, TX 79912		400	
06/24/2015			400	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Richard K. Wojahn		contribution (\$)	description (if applicable)
00/04/0045	Contributor address; City; State; Zip Code			
06/24/2015	10418 Clubhouse Circle, Magnolia,	TX 77354	75	
	,	.,		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Eric Hansen		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
06/24/2015	18 Valera Ridge Dr, The Woodlands	TX 77380	75	
	To valera Mage Di, The Woodiands	5, 17, 11000		· 
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILE	R NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date		5 Full name of contributor out-of-state PAC (ID#: Edward McCormick	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/20	/2015	6 Contributor address; City; State; Zip Code 227 Coral Sky, El Paso, TX 79912		100	   
				(If travel outside	of Texas, complete Schedule T)
9 Princ	cipal occup	pation / Job title (See Instructions)	<b>10</b> Employer (See	Instructions)	
Date		Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			 
				(If traval autoida a	of Texas, complete Schedule T)
Princ	cipal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)
Date	1	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
Princ	cinal occur	pation / Job title (See Instructions)	Employer (See	`	of Texas, complete Schedule T)
	.pa. 000a <sub>l</sub>	caller, see the (eee mendene)	p.eye. (666 .		
Date	<b>;</b>	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside o	     of Texas, complete Schedule T)
Princ	cipal occup	pation / Job title (See Instructions)	Employer (See		o. Totalo, complete conclude 1)
Date	;	Full name of contributor  out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside o	     of Texas, complete Schedule T)
Princ	cipal occup	pation / Job title (See Instructions)	Employer (See	•	, ,

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Revised 09/28/2011

Texas Ethics	Commission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
PLE	OGED CONTRIBUTION	S		SCHEDULE B
	The Instruction Guide explains how to o	complete this form.	1 Total pages Sched	ule B:
2 FILER NA	ME		3 ACCOUNT # (Ethi	cs Commission Filers)
4 T	OTAL OF UNITEMIZED PLEDGES		⇒ ⇒	\$
5 Date	6 Full name of pledgor □ out-of-	state PAC (ID#:)	8 Amount of pledge (\$)	In-kind description (if applicable)
		e; Zip Code		
			(If travel outside of	Texas, complete Schedule T)
10 Principal o	occupation / Job title (See Instructions)	11 Employer (See	•	,
Date	Full name of pledgor out-of-	state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; Star	e; Zip Code		
			(If travel outside of	Texas, complete Schedule T)
Principal of	occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor uut-of-	state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; Sta	re; Zip Code		
			(If travel outside of	Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor uut-of-	state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; Sta	re; Zip Code		
			(If travel outside of	Texas, complete Schedule T)
Principal of	occupation / Job title (See Instructions)	Employer (See	<u> </u>	Toxas, complete concado 17
Date	Full name of pledgor	state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; Sta	te; Zip Code		
				Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL If contributor is out-of-state PAC, plea	AL COPIES OF THIS SCHEDUL se see instruction guide for a		equirements.

	LOANS				SCHEDULE <b>E</b>
	The	Instruction Guide explains how to comple	ete this form.	1 Total pa	ges Schedule E:
2	FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED LOANS:			⇒	\$
5	Date of loan			)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; State; Z	Zip Code		10 Interest rate
					11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral none		ateral	15 Check if personal funds were deposited into political account		
16	GUARANTOR INFORMATION			19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code  ☐ not applicable				
20	Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; State; Z	Zip Code		Interest rate
	IIIStitution?				Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were	into political account	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; City; S	State; Zip Code		
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
	If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEE		quirements.

## SCHEDULE F

					-
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor L ising Expense T C trict	Loan Repayment/Reimbursement Fransportation Equipment & Related Expen Contributions/Donations Made By Candidate/Officeholder/Political Commit DTHER (enter a category not listed above)	ttee
	The Instruction Guide	e explains how to	complete this form	n.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission F	ilers)
4 Date	5 Payee name				
05/06/2015	Coyote Strategies				
6 Amount (\$) 2500	7 Payee address; City; St 4009 Cisco Valley, Rour	ate; Zip Code Id Rock, TX	78664		
8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		Video desig	n & creation	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
05/08/2015	Office Depot				
Amount (\$) 175.56	Payee address; City; St 801 Sunland Park Dr, El	ate; Zip Code Paso, TX 79	9912		
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (If	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Overhead		Office Supp	olies	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
05/11/2015	Perky Press				
Amount (\$)	,	ate; Zip Code			
270.63	11385 James Watt, B-16	S, El Paso, T	X 79936		
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (If	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense		T-shirts		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date 05/11/2015	Payee name Facebook				
Amount (\$)	Payee address; City; St	ate; Zip Code			
750.24					
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (If	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		Social Medi	ia	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	EEDED	
www ethics state tx us				Pavisad 00/2	ションハイイ

# SCHEDULE $\mathbf{F}$

	EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra	laries/Wages/Co licitation/Fundrai avel In District avel Out Of Dist fice Overhead/R	ntract Labor L sing Expense T C rict	oan Repayment/Reimbu ransportation Equipmen Contributions/Donations Candidate/Officeholde DTHER (enter a categor	it & Related Expense Made By er/Political Committee
1 663	The Instruction Guide ex			,	y not listed above)
1 Total pages Schedule F:	2 FILER NAME			1	nics Commission Filers)
4 Date	5 Payee name				
05/11/2015	Leo's Mexican Restaurant				
6 Amount (\$) 412.96	7 Payee address; City; State; 315 E. Mills, El Paso, TX	•			
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule)	(b) Description (If	travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Event Expense		Food for Vo	lunteers	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
05/08/2015	The Forma Group				
Amount (\$) 2747.54	Payee address; City; State; 310 N. Mesa, Ste 401, El P		9901		
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Advertising Expense		mailer & rac	ck cards	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought		Office held
Date	Payee name				
05/11/2015	Ema Salazar				
Amount (\$)	Payee address; City; State;	Zip Code			
70	605 Angie, El Paso, TX 79	902			
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Contract Labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	l	Office sought		Office held
Date 05/11/2015	Payee name Katie Scott				
Amount (\$) 500	Payee address; City; State; 55764 Kingsfield, El Paso,				
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought		Office held
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## SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	als Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense		oan Repayment/Reiml ransportation Equipme ontributions/Donations Candidate/Officeholo THER (enter a catego	ont & Related Expense s Made By der/Political Committee
	The Instruction Guide	explains how to		,	,,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Payee name			1	
05/11/2015	Javier Gallegos				
6 Amount (\$) 575	7 Payee address; City; Sta 10529 Valle Blanco, El Pa	te; Zip Code aso, TX 799	27		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, con	mplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	S S			Office held	
Date	Payee name				
05/11/2015	Randall Cadenhead				
Amount (\$)	1	ite; Zip Code			
365	2115 N. Kansas, El Paso	, TX 79902			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
05/11/2015	Jason Borrego				
Amount (\$)		te; Zip Code			
235	12153 Banner Hill, El Pas	so, TX 7993	6		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 05/11/2015	Payee name Cristina Carrillo				
Amount (\$)		te; Zip Code			
150	356 George Orr, El Paso	, TX 79915			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Contract Labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NI	EEDED	
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## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitat Food/Beverage Expense Travel II Polling Expense Travel C	/Wages/Co ion/Fundrai n District Out Of Dist Overhead/R	ntract Labor ising Expense rict ental Expense	Contributions/Dona Candidate/Office OTHER (enter a ca	ipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME	s now to t	complete this for		# (Ethics Commission Filers)
8	2 HEER WANTE			3 7,0000111	# (Ethics Commission Flicts)
4 Date	5 Payee name				
05/11/2015	Ted Carrasco				
6 Amount (\$) 790	7 Payee address; City; State; Zip 704 Yorkshire Ct, El Paso, TX				
8 PURPOSE	(a) Category (See categories listed at the top of this sche	edule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract labor		Campaign	Svcs	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t	Office held
Date	Payee name				
05/11/2015	Valeria Mendoza				
Amount (\$)	Payee address; City; State; Zip	Code			
205	6561 Jim DeGroat, El Paso, T	〈 7991	2		
285					
PURPOSE	Category (See categories listed at the top of this sche	edule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract Labor		Campaign	Svcs	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	DH		3		
Date	Payee name				
05/11/2015	Joshua Allen				
Amount (\$)	Payee address; City; State; Zip				
95	3439 Dornoch, El Paso, TX 79	9925			
PURPOSE	Category (See categories listed at the top of this sche	edule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract labor		Campaign	Svcs	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	t	Office held
Date	Payee name				
05/11/2015	Carlos Carrillo				
Amount (\$)	Payee address; City; State; Zip	Code			
175	356 George Orr, El Paso, TX	79915			
PURPOSE	Category (See categories listed at the top of this sche	edule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract labor		Campaign	Svcs	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	t	Office held
	ATTACH ADDITIONAL COPIES (	OF THIS S	SCHEDULE AS N	NEEDED	
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## SCHEDULE F

Advertising Expense	<b>EXPENDITURE</b> Gift/Awards/Memorials Expense	CATEGORIES Salaries/Wages/Co	` '	oan Repayment/Reim	bursement
Accounting/Banking	Legal Services	Solicitation/Fundra Travel In District	• .		ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Dist		ontributions/Donation Candidate/Officeho	s Made By Ider/Political Committee
Fees	Printing Expense	Office Overhead/R	•	THER (enter a categ	ory not listed above)
	The Instruction Guide	explains how to	complete this form		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Payee name				
05/11/2015	Ilsse Maytee Rodriguez				
6 Amount (\$)	1	ate; Zip Code	V 70040		
85	601 S. Mesa Hills, # 1420	o, El Paso, T	X 79912		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name				
05/11/2015	Roque Aguon				
Amount (\$)		ate; Zip Code			
240	320 Ridgemont, El Paso,	, IX 79912			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	omplete Schedule T)
OF	Contract labor		Campaign S		,
EXPENDITURE				7703	O#: b!-!
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
05/11/2015	Lizette Rodriguez				
Amount (\$)		ate; Zip Code			
35	P.O. Box 2632, Sunland	Park, NM 88	8063		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
05/11/2015	Leticia Tovar				
Amount (\$)		ate; Zip Code			
255	356 George Orr, El Pasc	o, TX 79915			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contract labor		Campaign S	Svcs	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NI	EEDED	
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#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Contributions/Dona Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 05/11/2015	5 Payee name Becky Silva				
6 Amount (\$) 95	7 Payee address; City; Sta 6216 E. Yandell, El Paso	tte; Zip Code , TX 79905			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract labor		Campaign	Svcs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t	Office held
Date	Payee name				
05/11/2015	John Murphy II				
Amount (\$)		ate; Zip Code			
145	9209 Breish Ct, El Paso,	17 79925			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract labor		Campaign	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t	Office held
Date	Payee name				
05/11/2015	Dakarie Montes				
Amount (\$) 50	Payee address; City; Sta 143 Northgrand View, El	te; Zip Code Paso, TX 79	9901		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract Labor		Campaign	Svcs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t	Office held
Date	Payee name				
05/11/2015	Roberto Tovar				
Amount (\$)		ite; Zip Code	205		
50	10727 Forest Ridge, El F	'aso, 1X 799	935		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contract Labor		Campaign	Svcs	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	t	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	NEEDED	

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of I	/Contract Labor draising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
05/01/2015	Facebook		
6 Amount (\$) 106.71	7 Payee address; City; State; Zip Code		
100.71			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Social Med	dia
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t Office held
Date	Payee name		
05/04/2015	Media Ad Ventures, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
5000	603 King St. 4th Floor, Alexandria,	VA 22314	
0000			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Radio Adv	ertising
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t Office held
Date	Payee name		
05/19/2015	IMGE		
Amount (\$)	Payee address; City; State; Zip Code		
39.95	503 King St. 4th Floor, Alexandria,	VA 22314	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	radio	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
06/01/2015	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
397.68			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Social Med	dia
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS	NEEDED
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## SCHEDULE F

	EVERNETURE	ATECORIES	FOR BOY O(=)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Fravel In District Fravel Out Of Dist Office Overhead/R	ontract Labor L ising Expense T crict ental Expense C	coan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) 1.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date 06/01/2015	5 Payee name Forma Group			
6 Amount (\$) 2200	7 Payee address; City; State 310 N. Mesa, Suite 401, E	e; Zip Code El Paso, TX	79901	
8 PURPOSE OF	(a) Category (See categories listed at the top of	f this schedule)		travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct	Consulting Expense  Candidate / Officeholder name		Campaign S	Office held
expenditure to benefit C/O				
Date 06/02/2015	Payee name Office Depot			
Amount (\$) 1428.85	Payee address; City; State 801 Sunland Park, El Pase	e; Zip Code 0, TX 7991	2	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Office Overhead	f this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
06/30/2015	Piryx			
Amount (\$) 152.2	Payee address; City; State 144 2nd St, San Francisco	e; Zip Code D, CA 9410	5	
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (II	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking Svcs		Banking Se	rvices
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date 06/30/2015	Payee name <b>Stripe</b>			
Amount (\$)	Payee address; City; State	e; Zip Code		
80.81				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Banking/Account Svcs	f this schedule)	Description (If Banking Sv	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS N	EEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	•	•	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0			
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXI ENDITORE			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The instruction duide explains now to	complete this form.	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5 Business name		
<b>7</b> Business address; City; State; Zip Code		
(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought	Office held
DH	<u> </u>	
Business name		
Business name		
Rusiness address: City: State: Zin Code		
Dustiness address, Sity, State, Elp 2000		
Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought	Office held
DH		
Business name		
Buchiese hame		
Business address; City; State; Zip Code		
,, , ,		
Cotogony (Connectoraries listed at the top of this schodule)	Description (If tro	
Category (see categories listed at the top of this scriedule)	Description (in trav	vel outside of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought	Office held
DH		
Business name		
Business address; City; State; Zip Code		
Category (See categories listed at the top of this schedule)	Description (If tray	vel outside of Texas, complete Schedule T)
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Candidate / Officeholder name	Office sought	Office held
н		
ATTACH ADDITIONAL COPIES OF THIS	<b>SCHEDULE AS NEE</b>	EDED
	5 Business name  7 Business address; City; State; Zip Code  (a) Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  H	5 Business name  7 Business address; City; State; Zip Code  (a) Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (If trate)  Candidate / Officeholder name  Office sought  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (If trate)  Category (See categories listed at the top of this schedule)  Description (If trate)  Category (See categories listed at the top of this schedule)  Description (If trate)  Category (See categories listed at the top of this schedule)  Description (If trate)  Category (See categories listed at the top of this schedule)  Description (If trate)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense
Legal Services
Food/Reverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	<u>'</u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THIS S	CHEDIII E AC NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

## SCHEDULE K

• • • • • • • • • • • • • • • • • • • •	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 0
FILER NAME	<b>:</b>	3 ACCOUNT # (Ett	hics Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
Date	Name of person from whom amount is received		

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 0 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H PAC-C Schedule N COH-UC СОН-Т 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

www.ethics.state.tx.us Revised 09/28/2011

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to complete this	form				
		The Instruction Guide explains how to complete this  Complete only if "Report Type" on page 1 is marked "File					
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers)				
	Mrs C	Cortney C Niland					
3	SIGNATURE						
	report a	expect any further political contributions or political expenditures in connection with my ca s a final report terminates my campaign treasurer appointment. I also understand that I ma any campaign expenditures without a campaign treasurer appointment on file.	,				
		Signatu	ure of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER  clete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from p	political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions are contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code, § 1.	on political contributions to personal and that I may not retain unexpended er than six years after filing this final and unexpended interest or income				
	В.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income from	om political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions to personal				
			Signature of Candidate				
5	_	EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	er filing the last required report as an				
			ignature of Officeholder				